2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 573824

FILED Apr 24, 2006 Secretary of State

Entity Name: SEMINOLE TRUSSES, INC.						
Current Principal Place of Business:			New Pri	New Principal Place of Business:		
30726 BLUI MIDWAY, F	ESTAR HWY FL 32343	, US				
Current Mailing Address:			New Ma	New Mailing Address:		
PO BOX 69 MIDWAY, F		US				
FEI Number:	59-1833275	FEI Number Applied For ()	FEI Number Not A	pplicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name a	Name and Address of New Registered Agent:		
BARINEAU, C RENE 65 BLUE HERON WAY PANACEA, FL 32346 US				BARINEAU, C RENE 64 SHADY OAK WAY HAVANA, FL 32333 US		
The above in the State		submits this statement for the pu	rpose of changin	ig its registered	office or registered agent, or both,	
SIGNATURE: C RENE BARINEAU				04/24/2006		
Electronic Signature of Registered Agent					Date	
Election Cam	paign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VP (BARINEAU, CH 16509 TALQU TALLAHASSEI	N COVE	Title: Name: Address: City-St-Zi _l		() Change() Addition	
Title: Name: Address: City-St-Zip:	PD (BARINEAU, C. 65 BLUE HER PANACEA, FL	ON WAY	Title: Name: Address: City-St-Zi _l	BARINEAU, C 64 SHADY O	AK WAY	
Title: Name: Address: City-St-Zip:	S (WALKER, DAN 47 GIBSON RI SOPCHOPPY,	0	Title: Name: Address: City-St-Zi _l		() Change() Addition	
Title:	т () Delete	Title:	(Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD WILLIAMSON T 04/24/2006

WILLIAMSON, RICHARD

TALLAHASSEE, FL 32312

356 COLT CT.

Name:

Address:

City-St-Zip: